ivabradine strategy is cost-effective in both approaches in all cases at a willingness to pay threshold of €22,000/QALY. **CONCLUSIONS:** In an Austrian setting, ivabradine is a cost-effective treatment in stable angina patients with resting HR > 70 bpm.

PCV79

COST-EFFECTIVENESS OF DRONEDARONE IN SOUTH KOREA

Jo MW[1], Kim SH[1], Choi Y[2], Kim J[3]

[1]University of Ulsan College of Medicine, Seoul, South Korea; [2]sanofi-aventis Korea, Seoul, South Korea; [3]Pusan National University Yangsan Hospital, Yangsan, Gyeongnam, South Korea

OBJECTIVES: Atrial fibrillation (AF) contributes for stroke, sudden death, heart failure, markedly reduced exercise capacity and degraded quality of life. Therefore, an effective treatment of AF is expected to reduce cardiovascular (CV) events and their costs. In 2010, dronedarone has been approved by Korean FDA for risk reduction of CV hospitalization in patients who are in sinus rhythm or who will be cardioverted with relevant conditions. The purpose of this study is to evaluate the cost-effectiveness of dronedarone compared with amiodarone in Korea. **METHODS:** We used the Markov simulation model for AF patients consisting with health states for AF treatment, off-AF treatment, symptomatic AF recurrences, stroke, acute coronary syndromes, congestive heart failure and death. Transitional probability was obtained from ATHENA trial and published literatures. Patient baseline, drug cost, initiation and monitoring cost of AF treatment, disease state cost and adverse event cost were obtained from national insurance claim database. The effectiveness of amiodarone vs. dronedarone was drawn from results of mixed treatment comparison. Discount rate for cost and effectiveness were applied as 5%. From the societal perspectives, we evaluated cost for life-year gained (LYG) and quality adjusted life-years (QALYs) until patients become 100 years old. Subgroup analysis and sensitivity analysis was performed to deal with uncertainty. **RESULTS:** In the base-case analysis, the incremental cost-effectiveness ratio (ICER) of dronedarone versus Amiodarone was approximately €2344/LYG (KRW 3.75 million, 1 Euro = 1600 KRW). Results were robust across subgroups. The ranges of ICER in the sensitivity analysis were from around €1875 ~ €3750/LYG (KRW 3 to 6 million/LYG). Fifty percent of simulations in probabilistic sensitivity analysis fall below a willingness-to-pay of about €3750 per QALYs (KRW 6 million per QALYs). **CONCLUSIONS:** These results showed that dronedarone is to be cost-effective vs. amiodarone for AF patients in Korea.

PCV80

THE COST-EFFECTIVENESS OF AMLODIPINE BESYLATE VERSUS PLACEBO FOR THE PREVENTION OF CARDIOVASCULAR DISEASE IN KOREA

Lee HY[1], Park HJ[2], Ko SK[2]

[1]Seoul National University Hospital, Seoul, South Korea; [2]Pfizer Pharmaceuticals Korea Ltd, Seoul, South Korea

OBJECTIVES: Antihypertensive therapy is a well-established approach to reducing the risk of cardiovascular disease (CVD). Amlodipine besylate, a calcium channel blocker, has been shown to be an effective antihypertensive agent. The objective of this study was to evaluate the cost-effectiveness of antihypertensive therapy with amlodipine besylate for the prevention of CVD in Korea from a health care perspective over a lifetime. **METHODS:** To estimate long-term cost and effects, a Markov model consisting of nine health states was constructed: Healthy with hypertension, Angina, Myocardial Infarction (MI), Post-MI, Stroke, Post-stroke, CHD death, CVD death, non-CVD cause death. One health state to another can occur with a certain probability at yearly intervals. The incidence of CVD was obtained from published local sources, whereas the risk reductions associated with antihypertensive therapy were taken from the medical literature, selected studies randomly assigned amlodipine besylate or placebo and followed up for at least 1 year. Utility values for CVD and costs of amlodipine besylate were drawn from published literature based on 2005 Korea National Health and Nutritional Examination Survey (KNHANES) data, and Korean pharmaceutical pricing lists, respectively. Costs for CVD were found in published cost-of-illness studies based on local hospital charge data. Patient outcomes were modeled for 45 years, and incremental cost-effectiveness ratios were calculated for amlodipine besylate compared with placebo. **RESULTS:** For a 55-year-old patient with hypertension, the incremental cost of amlodipine besylate compared with placebo was 3,213,660 Korean won (KW) per patient, although the incremental effectiveness of amlodipine besylate was 0.210 quality-adjusted life-years (QALYs) gained per patient. Therefore, the incremental cost-effectiveness ratios associated with amlodipine besylate were 15,288,941 KW/QALY, compared to no treatment. Sensitivity analyses indicated these results to be robust. **CONCLUSIONS:** The results from the model indicate that amlodipine besylate provides a cost-effective antihypertensive treatment strategy for the prevention of CVD in Korea.

PCV81

THE COMPARATIVE ANALYSIS OF THE EFFECTIVENESS AND THE COSTS OF USING THE LOW-MOLECULAR-WEIGHT HEPARINS AND THE ORAL ANTICOAGULANTS FOR THE TREATMENT OF THE VENOUS THROMBOEMBOLISM IN POLAND

Bochenek T, Nizankowski R

Jagiellonian University, Collegium Medicum, Krakow, Poland

OBJECTIVES: The currently recommended standard treatment of the venous thromboembolism (VTE) are the oral anticoagulants (OA) in the majority of patients and the low-molecular-weight heparins (LMWH) in the selected subpopulations. The titration of the OA doses is difficult and often ineffective. The goal of this research was to compare the OA and the LMWH in the VTE treatment in terms of effectiveness, safety and cost-effectiveness. **METHODS:** The systematic review of the scientific literature comparing the VTE treatment with OA and LMWH was performed. Among others, the resources of the Cochrane Library, the MEDLINE, the Embase and the Biomed Central were searched. The metaanalysis of the reported treatment outcomes was performed using the RevMan5® software. The cost analysis and the cost-effectiveness analysis were performed. The data on the costs of treatment of the VTE in Poland were collected through the retrospective review of patient records obtained from the three hospitals and the anticoagulation clinic in the Krakow area, the pharmaceutical reimbursement databases and the public payer's charge tariffs for the medical services. The modeling (decision tree) was performed using the TreeAge-Pro2009® software. **RESULTS:** The most important differences between the OA and the LMWH were related to the better prevention of the VTE incidence and the better prevention of the small bleedings. With respect to none of the assessed outcomes the OA were better than the LMWH. Within a six month treatment period the Incremental Cost-Effectiveness Ratio of avoiding the complication incidents was 49,865 zlotys (€12,242) from the payer perspective and 3,609 zlotys (€887) from the patient perspective. **CONCLUSIONS:** The LMWH offer the better effectiveness and safety than the OA but their cost-effectiveness is still limited by the relatively high prices of the LMWH.

PCV82

COMMUNICATING COST-EFFECTIVENSS RATIOS TO DECISION MAKERS—THE CASE OF SWEDISH NATIONAL GUIDELINES FOR HEART DISEASES

Eckard N[1], Janzon M[2], Levin LÅ[1]

[1]Linköping University, Linköping, Sweden; [2]Linköping University, Linköping University Hospital, Linköping, Sweden

OBJECTIVES: Despite the continuing interest in health economic research, we could find no comprehensive and accessible data set on costs and effects, useful as practical information for decision makers who must allocate scarce resources within the cardiovascular field. The objective of this study was to present the cost-effectiveness league table, used in the Swedish national guidelines for heart disease and highlight issues of importance when communicating and interpreting cost-effectiveness evidence to decision makers. **METHODS:** A unique systematic literature search for the treatment of heart diseases was conducted. We then compiled all available cost-effectiveness ratios for different heart conditions and treatment strategies, in a so called league table. All cost-effectiveness results were expressed as a cost per quality adjusted life-years (QALY) or life-year gained. The league table was broken down to illustrate how health economic results may be communicated and made accessible to decision makers. We have highlighted methodological issues when interpreting cost-effectiveness league tables by using implantable cardioverter defibrillators (ICDs) as an example. **RESULTS:** More than 200 cost-effectiveness ratios were found and compiled in the league table ranging from dominant to €950,000 per QALY. Using ICD as an example we identified various problems when interpreting league table results. The results are context specific, time dependant, comparator dependent, often based on point-estimates giving a false sense of precision. **CONCLUSIONS:** League tables provide a means of presenting cost-effectiveness evidence aiding decision makers with valid information within a limited space. We have given examples and presented ways of communicating cost-effectiveness results for e.g. target groups, focusing on how information included in a cost-effectiveness league table may be interpreted and conveyed and used as a tool in the decision-making process.

PCV83

PILOTING THE DEVELOPMENT OF A COST-EFFECTIVE EVIDENCE-INFORMED CLINICAL PATHWAY: MANAGING HYPERTENSION IN JORDANIAN PRIMARY CARE

Chalkidou K[1], Lord J[1], Obeidat N[2], Alabbadi I[3], Stanley A[1], Bader R[2], Momani A[2], O'Mahony R[2], Qatami L[2], Cutler D[1]

[1]National Institute for Health and Clinical Excellence, London, UK; [2]Medicines Transparency Alliance, Amman, Jordan; [3]University of Jordan, Amman, Jordan

OBJECTIVES: The UK's National Institute for Health and Clinical Excellence (NICE) and the Jordan office of the Medicines Transparency Alliance embarked on a pilot project to design an evidence-based guideline for cost-effective pharmacological treatment of essential hypertension in Jordan. The project's objectives were to directly address a major health problem for Jordan by producing a guideline; and to delineate the strengths and weaknesses of Jordan's health care process to allow similar future efforts to be planned more efficiently. **METHODS:** The pilot spanned a period of approximately 8 months. Activities were overseen by local technical and guideline development teams, as well as experts from NICE. NICE's hypertension guidelines and economic model were used as a starting point. Parameters in the economic model were adjusted according to input and feedback from local experts with regards to Jordanian physician and patient practices, resource costs, and quality of life estimates. The results of the economic model were integrated with the updated available clinical trial literature. **RESULTS:** The outputs of the economic model were used to inform recommendations, in the form of a clinical algorithm. a report of the process and the strengths and weaknesses observed was developed, and recommendations for improvements made. **CONCLUSIONS:** The pilot represented the start of what is intended to be a health care process change for the country of Jordan. Issues emerged which can inform strategies to ensure a more cohesive and comprehensive health care approach